quent chest x-ray of the positive reactors to healthy young persons, fearing that such action might be interpreted as exploitation. We shall do well to keep in mind, however, the widespread activities in public health education now being carried on among the people, and to realize that our clientele is rapidly being made ready to accept this service when it is offered by their family doctor.

We have no one to thank but ourselves if we allow the tuberculosis test to become almost the accepted field of public health agencies, as we have already done in the case of smallpox and diphtheria immunization. In the meantime, those among us whose clientele is unable to pay for this service can vastly increase the effectiveness of these important preventive measures by explaining the basis and justification of the test as carried on by public health agencies.

1930 Wilshire Boulevard.

TUBERCULOSIS IS WHERE YOU FIND IT

By JOHN L. GOMPERTZ, M. D.
Oakland

EVER since Laennec discovered auscultation, physicians have been listening for adventitious sounds in the chest. Hearing none and eliciting no other abnormal findings, they have concluded that no pathological condition of the chest existed. This teaching has persisted through years so that unless a patient presented himself with most of the classical symptoms and signs of tuberculosis, too often his chest was dismissed as negative.

Not so many years ago the disease tuberculosis ranked first among all causes of death in this country. In 1900 the mortality from this condition was 202 per 100,000. Since that time the picture has changed considerably and today this disease has descended to seventh place among causes of death; by 1938 the mortality rate from it having dropped from 202 down to 48.6 per 100,000.

Many factors have contributed to this improvement, such as better treatment, public education, improved diagnostic measures; and, hence, earlier diagnosis, case-finding methods, and finally the realization on the part of the physician that tuberculosis may be active in a patient without the classical picture of "consumption."

Indeed, this is probably one of the most important truths that has dawned upon our medical consciousness: tuberculosis may be active and progressing without any signs or symptoms of it being apparent to the patient or to the physician making an ordinary examination.

To illustrate this, the following cases are offered.

REPORT OF CASES

CASE 1.—I. S. Age, 21. This patient worked as a beauty operator near a university campus and all of her clients were college girls. She felt fine, never was overtired; had no cough nor any other symptoms of illness.

One night in July 1937, however, she coughed a little bit and noticed some blood streaks on the sputum. Her mother became alarmed and sent her to the family physician, who had a chest x-ray taken. This revealed a cavity in the right upper lobe about one-half inch in diameter, with an area of infiltration around it. (Fig. 1.)

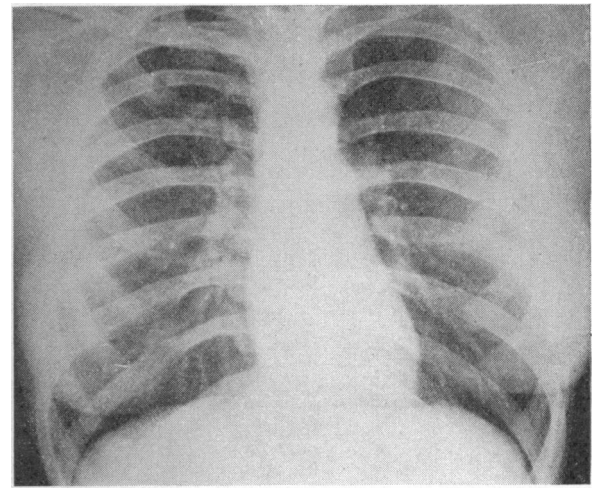

Fig. 1.—Showing small cavity in right upper lobe.

Her tuberculin test was found positive; she was hospitalized and her pneumothorax started. Today the cavity is closed, and she is receiving her pneumothorax treatments regularly and is back at her old job. She had felt perfectly well until blood appeared when she coughed.

The next step after making the diagnosis on this patient was to check her contacts; those people about her who might be infected. There were four members of her family, and they were all tuberculin-tested and fluoroscoped. Each was found to be negative until her younger sister was examined.

The sister was a very athletic girl of nineteen. She was a star basketball player and girls' yell leader in her high school. She had never known a day of illness and was the picture of good health and energy. She was examined and no physical signs of disease could be found. However, when she was fluoroscoped, an area of infiltration was found in her right upper lobe just below the clavicle. Her tuberculin test was positive and she was hospitalized and her treatment started.

Today she is still feeling perfectly well, because she was examined as a contact and an early diagnosis of tuberculosis was made. She, too, is back at work and is leading a very normal life.

COMMENT

Now these two cases present nothing unusual so far as pathology, clinical course or treatment are concerned. Their diagnosis was easy and their prognosis is good. They are presented to emphasize two points:

First, that a person may feel perfectly well and look fine, yet have active pulmonary tuberculosis.

Second, that all contacts to a case of active tuberculosis should have an adequate examination; at least a tuberculin test and then, if that is positive, some type of x-ray examination.

426 Seventeenth Street.

LEIOMYOMA OF VAGINAL WALL

By THOMAS M. TORGERSON, M. D.
AND
WILLIAM E. ROGERS, M. D.
Santa Rosa

SOLITARY leiomyomas of the vagina are uncommon tumors, yet may be of importance because of malignant transformation, local mechanical factors and the possibility of sepsis. While this instance does not illustrate any one of these points, it is of value from the statistical standpoint.

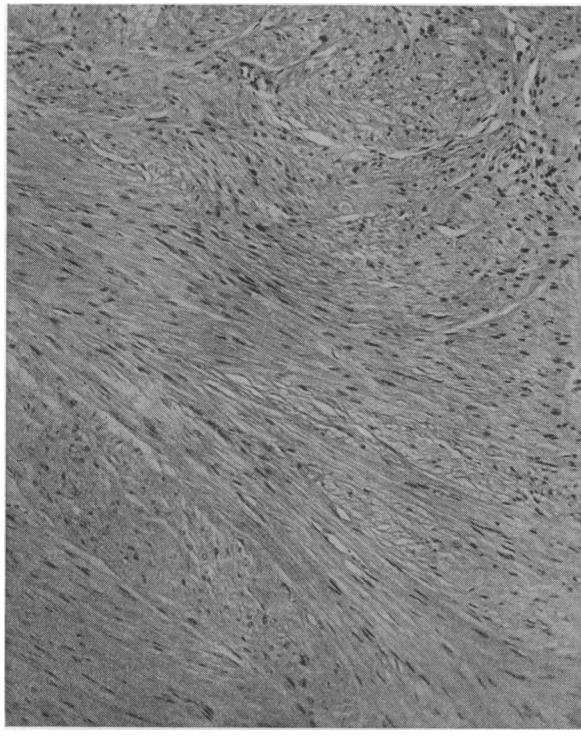

Fig. 1

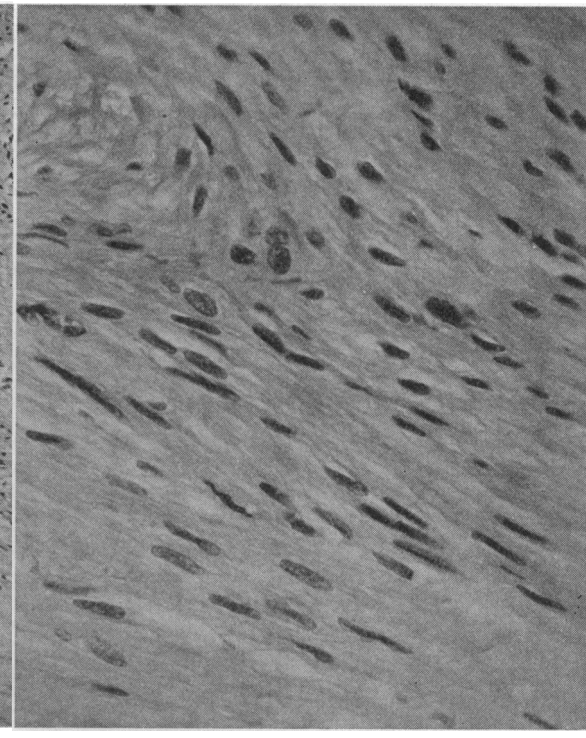

Fig. 2

Fig. 1.—Photomicrograph (120x) of section of tumor, showing cells which resemble smooth muscle cells. Note bundle of cells.

Fig. 2.—Same (500x), to show nuclear structure.

REPORT OF CASE

CASE 1.—A white, married, nonparous female, aged 42, was first seen on October 10, 1939, at which time she complained of menorrhagia, metrorrhagia, pain in the left hip and knee, and frequency of urination. Eight years before she had been treated in a sanatorium for one year for pulmonary tuberculosis. Roentgen and physical examination of the chest on October 25, 1939, showed no sign of active tuberculosis. Seven years ago she had a left oöphorectomy. A pelvic examination in October, 1939, revealed no changes in the uterus or adnexae. The vagina had well-marked rugae, but no tumor was demonstrated in the wall.

Laboratory Report.—Hemoglobin (Sahli), 78 per cent, 12.8 grams; red cell count, 3.90 per cmm.; white cell count, 6,000 per cmm.; differential count, normal; urinalysis, essentially negative.

Progress.—The patient was put on theelin, 5,000 units i.m., twice weekly, in the hope that the menorrhagia and metrorrhagia were due to ovarian dysfunction. Since she showed no response to these, a uterine currettement was done on November 13, 1939. The scrapings proved to be hyperplastic endometrium, without evidence of malignancy. At the time of operation, the vagina showed no abnormalities. After currettement her menstrual cycle returned to normal. Several pelvic examinations were made during the subsequent months, each of which revealed no abnormalities of the vagina. On March 29, 1940, a routine pelvic examination was done. At this time a small, pea-sized mass was found lying just beneath the vaginal mucosa in the left lateral wall at the inferior level of the cervix. The mass was nontender, moveable, and not attached to the underlying tissues. There was neither redness nor induration of the overlying mucosa.

On April 4, 1940, the patient was taken to surgery and, under novocain infiltration, a small hard tumor, including the overlying mucosa, was removed. It measured 1.5 by 1 cubic millimeter in the fresh state. It was white, solid, and noncystic.

Pathologic examination by Dr. David G. Mason of St. Luke's Hospital, San Francisco, revealed the following changes:

Gross Pathology.—An oval-shaped tumor, measuring .8 by .6 by .5 centimeters in diameter, is present. It is white, solid, and on section is found to possess smooth, greyish-white surfaces. One block of this is used for a section. A piece of flat vaginal mucosa, measuring 2 by 1.5 centimeters, is also received.

Microscopic.—Microsections (photo 1 and 2) of this small nodule show it to be formed by well-differentiated, elongated cells resembling smooth muscle cells. These cells are arranged in broad bundles, seen both in the cross and longitudinal plane. There was little to no fibrous tissue present, as shown by the Van Giesen stain. There was no evidence of malignancy.

Pathologic Diagnosis.—Solitary leiomyoma of the vaginal wall.

On examination on July 10, 1940, three months after removal of the tumor, the wound was found to be well healed.

SUMMARY

An instance of uncomplicated leiomyoma of the vagina occurring in a 42-year-old woman is reported.

507 College Avenue.

STREPTOTHRIX OF THE LUNG*

REPORT OF CASE

By JULIUS ZELMAN, M. D.
Murphys

FUNGOUS infections of the lung present diagnostic problems for the clinician as well as for the bacteriologist. Emphasis is placed on careful study of the patient, and the use of a method available for obtaining a satisfactory specimen for laboratory study. In this case report, a specimen obtained at bronchoscopy was invaluable in the diagnosis.

* From the Department of Public Health (San Francisco) Tuberculosis Service. Sidney J. Shipman, M. D., chief; Alfred Goldman, M. D., bronchoscopist.